

Wednesday 27 August at 4:30pm | St George Hospital, Boardroom

Minutes

Apologies

- Mr Robert Boyd-Boland
- A/Prof Peter Gonski
- Dr Harry Harinath
- A/Prof Peter Smerdely

Board Members:

- Mr Michael Still (Chair)
- Ms Patricia Azarias
- Ms Deborah Cansdell
- A/Prof Robert Farnsworth
- Janet McDonald
- Ms Kate Munnings (via teleconference)
- A/Prof Ingrid Van Beek
- Prof Jeanette Ward (via teleconference)

In Attendance:

- Mr Gerry Marr – Chief Executive
- Ms Karen Foldi – Director of Finance
- Mr Mark Shepherd – Director of Programs
- Mr Michael McGlynn, Medical Executive Director
- Ms Kim Olesen – Director Nursing & Midwifery Services
- Dr Theresa Jacques – Chair Medical Staff Executive Council

Leave of absence

- Ms Kristin Stubbins

Secretariat:

- Ms Melissa Angelucci– Board Secretary

Ms Kristin Stubbins did not attend this meeting due to a possible conflict of interest. Ms Stubbins' employer PricewaterhouseCoopers (PwC) Australia has been commissioned by SESLHD to undertake a body of work. Ms Stubbins will not be participating in any Board activities, including her role as the Chair of the Finance and Performance Committee, for the duration of the work.

STANDING ITEMS

PATIENT STORY

The SESLHD Board noted the patient story from the Prince of Wales Hospital regarding the engagement of a patient's anaesthetist prior to surgery.

Action – The Chief Executive agreed to investigate practices relating to anaesthetics and details of this patient story.

STANDING ITEMS

Minutes of Board meeting held 30 July 2014

The Board noted the minutes and they will be revised and approved at the September Board meeting.

Minutes of Audit and Risk Management Committee meeting held 2 June 2014

The Board noted the minutes of the SESLHD Audit and Risk Management Committee Meeting held 2 June 2014.

Minutes of Clinical Quality Council meeting held 9 July 2014

The Board noted the minutes of the Clinical and Quality Council meeting held 9 July 2014.

Actions

The Board noted the Action Log.

Correspondence Register

The Board noted the correspondence received since 20 August 2014

Teaching and Research

This item was deferred to the September Board meeting.

FOCUS

COMMUNITY ENGAGEMENT

Community Engagement Strategy

Ms Julie Dixon, Director of Population Health and Planning and Ms Carla Saunders, Senior Planner attended the meeting to present the recently drafted Community Partnership Strategy. Janet McDonald is the Board's community partnerships representative and assisted in the development of the strategy. Janet McDonald noted that she believes the strategy is very well aligned with the Board's objectives. Janet McDonald commended Ms Saunders on her work in writing the document. The following key points were noted in relation to the strategy;

- The rationale supporting this strategy is strong. Literature from diverse sectors and disciplines informs us that a community benefits if local organisations striving for common outcomes, work together.
- The Strategy provides a Systematic approach to collaboration with community members, groups and organisations leading to enduring networks and partnerships and is linked to long-term strategic goals and centred on relationship building and innovation.
- Early identified community needs include health literacy, chronic disease, mental

health, and disability and the need to better support personal care providers.

The Community Engagement Portfolio will sit in the Strategy and Planning Unit, Planning and Population Health Directorate. The minimum resource commitment will be 1 Full Time Equivalent HSM3 and 0.5 FTE Admin.

The Chief Executive added that this strategy is very well aligned with the District's commitment to integrated care. The District is in the planning phase of moving in a radically different direction with integrated care. This will be further discussed at the September Board meeting.

The Board noted that the outcomes of such activities are difficult to measure; for instance, it is difficult to measure community resilience. Patient pathways, community knowledge and general health may be used as measures of success.

Action - Ms Saunders to provide literature with examples of where this model has been successful in the past to the Board, for information.

The Community Partnerships Strategy was highly commended by the Board. The Board approved the Community Partnerships Strategy and the associated resource requirements.

GENERAL BUSINESS

GOVERNANCE

Ethics Report

The ethics report was noted and discussed by the Board.

Action – Further details outlining SESLHD's ethical processes to be provided to the Board at a future meeting.

Template for Finance & Performance

The Board noted the F&P templates. The Chief Executive reported that a few minor changes will be made to the template before it is used at the September F&P meeting.

PERFORMANCE

SESLHD KPI Report

The Board noted the example SESLHD KPI Summary Report for May 2014. The revised KPI Board Dashboard will be ready to go live at the September Board meeting. In the meantime, the papers demonstrate an example of the Qlik screen shots that will be provided.

Projected District Net Position 14/15

The Chief Executive again stressed that patient care is paramount in all budget considerations.

The Board discussed the 14/15 projections as provided in the agenda pack. The Director of Finance advised that acute services have been asked to find savings of approximately 2%. The savings asked of other Directorates varied, and some exceeded 2%.

The Board questioned how these savings targets were configured. The Chief Executive reported that in his experience, a 2% target is reasonable and achievable. It was noted that

imposing targets on Directorates that performed well last year may be disadvantaged to perform well again in future.

The Chief Executive reported that the savings targets were collectively agreed to by the District Executive Team.

The Chief Executive acknowledged that extra cost has been incurred in winter, due to the high level of presentations of patients with influenza. There will be a focus on making significant inroads on the deficit in the first half of the financial year. SESLHD has committed to halve the expenses deficit, and the expenses projection for 14/15 is a deficit of \$7.95m. The District will hold a further \$8m in revenue budget centrally as the Chief Executive believes it will be difficult for the hospital to meet this requirement. The total projected deficit for 14/15 is therefore \$15.95m.

The Chair urged the Chief Executive and Director of Finance to ensure that budgets are allocated and flowed in a timely way so as to ensure that the first quarter of the year does not go unmanaged. The Director of Finance assured the Board that budgets have been allocated earlier than in the previous year.

Revenue Report

The Board noted the Francis Group International revenue report. The Chief Executive noted that SESLHD will need to reconfigure its revenue collection practices.

STRATEGY

Journey to Excellence – progress to date

The Chief Executive provided a presentation outlining SESLHD's progress towards the Journey to Excellence. The Board noted 15 key initiatives planned over the next three years. SESLHD will secure transactional competence with a highly controlled environment within the first year of the journey, building the platform for transformation and securing gains through years two and three.

The Chief Executive provided the following update;

- PwC's financial baseline report is currently being finalised by PwC and will be brought to the Board at its September or October meeting.
- The Service Line Reporting (SLR) proposal with PwC has been revised and now PwC will be completing the foundation work to set up SLR including the development of an accountability framework.
- SESLHD has identified significant duplication and poor controls and there is opportunity to take expenses out by improving the control environment. The foundations are also being laid for more substantial change e.g. a review of clinical streams, strategy for integrated care and a review of the population health function. By the end of the first year, SESLHD will have better competence to tackle more complex, systemic issues.
- The skills sets in the Program Office are building and staff are willing to take on the process changes.
- Culture norms within the District can be challenging and work will be put into this area over the coming three years. Work to improve the relationship between the Sectors and the District is important and central to success. Work to improve cohesiveness in the management team will also be required. The Improvement and Innovations Hub is looking at improving capacity, capability and training across the whole District.

The Board was in favour of the Revenue Strategy to review potential retail spaces within

hospitals. Retail spaces can provide a hub for staff and the community to congregate. Improved retail spaces would provide a setting for networking that doesn't currently exist. The Director of Operations, Northern Sector has begun to look into possibilities in this area.

The revised business rules for financial reporting are complete and will be circulated to the Board out of session.

Action – Revised business rules for financial reporting to be circulated to the Board, for its information.

The Board discussed and wished to see further strategies and work in respect of hospital avoidance. The Chief Executive noted that there is a significant body of work, being led by the Director of Primary and Ambulatory Care and the Director of Improvement and Innovation, underway to move integration to scale.

SESLHD Oral Health Service Update

The Board noted the SESLHD Oral Health Service Update

PwC Improvement Report

The Chief Executive noted that the PwC Value Improvement report is still in draft form and has not been reviewed by SESLHD for relevance and accuracy. Once SESLHD has had an opportunity to evaluate the report, clear, robust strategies for value improvement will be recommended to the Board.

The Board noted that if recommendations made by PwC are based on internal bodies of work undertaken by SESLHD staff, this should be acknowledged within the reports produced by PwC.

St George, Sutherland and Prince of Wales infrastructure

Planning

This item will be rescheduled to the September meeting.

CLOSE

BUSSINESS WITHOUT NOTICE

The Board noted that with respect the Business Processes, that red tape, e.g. bureaucracy, approvals etc., raises concerns. The Director of Programs noted that a body of work is underway within the Program Office to eliminate unnecessary checks and approvals in the recruitment process. The concept of earned autonomy is being built into the Service Line Reporting system and will also assist in eliminating bureaucracy.

The process for handling bullying incidents to be escalated beyond Human Resources Officers, was questioned by the Board. The Director of Nursing noted that the bullying policy stipulates that the incident should be escalated ultimately to the Chief Executive and that there is a clear process for doing so.

NOTING OF CONFIDENTIAL ITEMS



Nil discussion

Date of next meeting:

24 September 2014

4-7pm – Claffy Lecture Theatre, Sydney Hospital

Focus – Integrated Care

Meeting closed 7pm.

A handwritten signature in black ink that reads "M. Still" with a horizontal line underneath.

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Signature

Michael Still
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Name

24/9/14
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Date